

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585053

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4					1	
5						
6				1		
7						
8						
9				1		
10						
11						
12						
13				1		
14						
15						
16						
17			①			
18			①			
19			①			
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21			①			
22			①			
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25			①			
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30			①			
31		1				
32		1				
33						
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			17			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						